page 1 of 2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90098-027-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 23 AM 8:00

0153577 FP

DOCUMENT # P02000107501 (L)

1. Entity Name
PRIME NURSING HOME HEALTH CARE, INC.

Principal Place of Business
~~17711~~ 11711 SW 10 STREET
DAVIE FL 33325

Mailing Address
~~17711 SW 10 STREET~~
DAVIE FL 33325

REINSTATEMENT 03

2. Principal Place of Business	3. Mailing Address
11711 SW 10 STREET	11711 SW 10 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL	City & State: DAVIE FL
Zip: 33325 Country: BROWARD	Zip: 33325 Country: BROWARD

4. FEI Number 46-0502709 ☐ Applied For ☐ Not Applicable MRS

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DIBIANO, CANDICE
17711 SW 10 STREET
DAVIE FL 33325

7. Name and Address of New Registered Agent
Name: RONALD C. BOCCHICCHIO
Street Address (P.O. Box Number is Not Acceptable): 910 N 70 WAY
City: HOLLYWOOD FL Zip Code 33024

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RONALD C. BOCCHICCHIO [signature] 10/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIBIANO, CANDICE ~~17711 SW 10 STREET~~ DAVIE FL 33325 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 11711 SW 10 STREET ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD LEE, LINDA 8775 CLEARY BLVD PLANTATION FL 33324 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] see sheet attached for officer signature 9/8/03 954 962-2453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #